

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RS	61730	5-19-02
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1	5/16/02	1	5/16/02	101	
2	5/16/02	2	5/16/02	102	
3		3		103	
4		4		104	
5		5		105	
6		6		106	
7		7		107	
8		8		108	
9		9		109	
10		10		110	
11		11		111	
12		12		112	
13		13		113	
14		14		114	
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18		18		118	
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27		27		127	
28		28		128	
29		29		129	
30		30		130	
31		31		131	
32		32		132	
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36		36		136	
37		37		137	
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41		41		141	
42		42		142	
43		43		143	
44		44		144	
45		45		145	
46		46		146	
47		47		147	
48		48		148	
49		49		149	
50		50		150	

If more than 150 claims or 10 actions
staple additional sheet here

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